GYNECOLOGY

UNDER THE CHARGE OF

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Female Labor and Gynecological Diseases.—A paper of considerable sociological interest has recently been published by HIRSCH (*Monat. f. Geb. u. Gyn.*, 1913, xxxviii, Ergzhft., 198), drawing attention to the steady increase in the proportion of women who are engaged in some regular occupation outside their homes, as a result of which they are constantly subjected to conditions more or less inimical to health, which in former times were practically unknown. The demands made upon the female organism by the bearing and rearing of children remain unchanged, however, and thus, Hirsch believes, arise in many instances pathologic conditions which, taken in the aggregate, are becoming of the greatest social as well as individual significance. Thus, work done constantly in a sitting posture causes pressure on the lower abdominal organs, resulting in inhibition of circulation and impaired digestive activity. Long standing, as is required in certain occupations, leads to increased intra-abdominal pressure, hernia, prolapse, and venous congestion in the lower extremities. Work in a more or less bent over posture often results in spinal curvatures, hernia, prolapse, possibly also renal and vesical disorders. In many industries, women are brought into constant contact with injurious substances, such as atmospheric impurities, dust, noxious gases, metallic or other poisons, bacteria, etc. The importance of these conditions from the gynecologist's point of view lies primarily in the fact that the genital organs, perhaps more than any others in the female body, are affected by any impairment of general constitutional tone, and deleterious influences are therefore apt to show their effects first in this sphere. With regard to specific industries, Hirsch has found that laundresses, seamstresses, textile workers, and clerks are especially prone to anemia and chlorosis, conditions which are often the direct precursors of tuberculosis, with all its serious effects upon pregnancy and labor. The records of the large Leipzig "Krankenkasse" show that abortion occurs about 7 times as frequently in working as in non-working women, premature labor 6 times, and various accidents of pregnancy (such as placenta prævia, hyperemesis, hemorrhage, extra-uterine gestation, etc.) about 3 times as frequently in the former as in the latter class. In certain industries, also, such as pottery manufacture, printing, straw hat bleaching, glass making, and in some textile branches, lead salts are employed, and it has been found that women employed in these trades are especially prone to premature labors and still births. This condition is apparently due to a toxic influence upon the maternal organism; not only does the lead pass through the placenta as has been proved by its presence in fetal organs, but it can be demonstrated in the mother's milk, and may thus lead to poisoning of infants born alive. Similar conditions are found to a greater or less extent among women employed in all sorts of metal industries. In many occupations, such as copper working, dyeing, the manufacture of carpets, artificial flowers, toys, glassware, etc., chronic arsenic poisoning occurs, often entirely unsuspected, and gives rise to stubborn, deep ulcers on the genitalia; somewhat similar pathologic lesions are seen in women subjected to the influence of mercury, as in chemical works, the manufacture of mirrors, etc. In spinning and weaving establishments young women and girls are employed in large numbers, this work often resulting in stunted or deformed growth. In tobacco factories, in which a particularly large proportion of the workers are women, menstrual anomalies, cervical catarrh, and metritis are abnormally common. It has been shown statistically that women employed in all these industries have a higher percentage of sickness, and also a higher death rate, than do men of the same age employed in the same occupations, and numerous other forms of work exert likewise more or less specific effects upon the health of their female employees. Hirsch emphasizes the fact that this is a field of investigation which has as yet barely been entered upon, but which must in the near future receive thorough scientific consideration. Deleterious influences, such as have been spoken of, menacing a large and ever-increasing proportion of the female population, are of the utmost gravity, and require, in his opinion, the institution of energetic measures on the part of the state.

Menstrual Fever in Pulmonary Tuberculosis.—WEISE (*Beitr. z. Klinik d. Tuberculose*, 1913, xxvi, 336), has made careful temperature measurements every two hours during the day over periods of several months, using as subjects 500 tuberculous women under sanitarium treatment, all of whom gave a positive tuberculin reaction, and most of whom had demonstrable tubercle bacilli in the sputum. He found a *premenstrual rise* of temperature in 201 cases (40 per cent.); in some instances this seemed to be distinctly associated with an aggravation of the patient's symptoms, in others, however, it appeared to be purely psychic. Fever *during* the period was present in 68 cases (13.6 per cent.). Although in a majority of these, the rise of temperature was slight, in a few it was quite marked, and was accompanied by severe constitutional symptoms. In 12 cases (2.4 per cent.) the temperature was normal before and during menstruation, but was elevated in the first few days *after* the termination of the period. In all these patients, however, the rise was slight, and of apparently little significance. There were 58 cases (11.6 per cent.), on the other hand, in which the temperature had been for some time above normal, but *fell* with onset of menstruation. In some instances, this fall was noticed only during one period, in others the fever did not recur. Weise thinks that this phenomenon may possibly be due to a favorable influence exerted on the pulmonary condition by the general hyperemia associated with menstruation. In the remaining 161 cases (32.2 per cent.) there was no noticeable change in the temperature before, during, or after the menstrual period. It would appear from these observations, therefore, that there is no *typical* form of thermic disturbance associated with menstruation in tuberculous subjects, but Weise does believe that the menstrual period on such women is a particularly critical